

ENVELOPE MAR 18 2001  
POSTMARK DATE

SCANNED MAR 28 2001

Form **8872**  
(July 2000)  
Department of the Treasury  
Internal Revenue Service

**Political Organization  
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

<b>A</b> For the period beginning <u>November 28</u> , 20 <u>00</u> and ending <u>December 31</u> , 20 <u>00</u>											
<b>B</b> Check applicable boxes: <input type="checkbox"/> Initial report <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input checked="" type="checkbox"/> Final report											
<b>1</b> Name of organization: <u>Georgia Transportation Assn. for Better Gov.</u>	<b>Employer identification number</b> <u>58-1917274</u>										
<b>2</b> Mailing address (P.O. box or number, street, and room or suite number) <u>175 Carnegie Place, Suite 133</u> City or town, state, and ZIP code <u>Fayetteville, GA 30214</u>											
<b>3</b> E-mail address of organization <u>ghca@mindspring</u>	<b>4</b> Date organization was formed <u>12-10-77</u>										
<b>5a</b> Name of custodian of records <u>Therol R. Brown</u>	<b>5b</b> Custodian's address <u>175 Carnegie Place, Suite 133</u> <u>Fayetteville, GA 30214</u>										
<b>6a</b> Name of contact person <u>Therol R. Brown</u>	<b>6b</b> Contact person's address <u>175 Carnegie Place, Suite 133</u> <u>Fayetteville, GA 30214</u>										
<b>7</b> Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code											
<b>8</b> Type of report (check only one box) <table border="0"><tr><td><b>a</b> <input type="checkbox"/> First quarterly report (due by April 15)</td><td><b>f</b> <input type="checkbox"/> Monthly report for the month of: _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)</td></tr><tr><td><b>b</b> <input type="checkbox"/> Second quarterly report (due by July 15)</td><td><b>g</b> <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election: _____ (2) Date of election: _____ (3) For the state of: _____</td></tr><tr><td><b>c</b> <input type="checkbox"/> Third quarterly report (due by October 15)</td><td><b>h</b> <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of: _____</td></tr><tr><td><b>d</b> <input checked="" type="checkbox"/> Year-end report (due by January 31)</td><td></td></tr><tr><td><b>e</b> <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)</td><td></td></tr></table>		<b>a</b> <input type="checkbox"/> First quarterly report (due by April 15)	<b>f</b> <input type="checkbox"/> Monthly report for the month of: _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)	<b>b</b> <input type="checkbox"/> Second quarterly report (due by July 15)	<b>g</b> <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) (1) Type of election: _____ (2) Date of election: _____ (3) For the state of: _____	<b>c</b> <input type="checkbox"/> Third quarterly report (due by October 15)	<b>h</b> <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election: _____ (2) For the state of: _____	<b>d</b> <input checked="" type="checkbox"/> Year-end report (due by January 31)		<b>e</b> <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)	
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<b>d</b> <input checked="" type="checkbox"/> Year-end report (due by January 31)											
<b>e</b> <input type="checkbox"/> Mid-year report (Non-election year only-due by July 31)											
<b>9</b> Total amount of reported contributions (total from all attached Schedules A).	<b>9</b> <u>0.00</u>										
<b>10</b> Total amount of reported expenditures (total from all attached Schedules B).	<b>10</b> <u>3,000.00</u>										

Sign Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

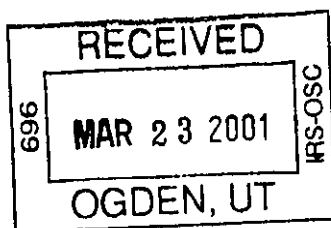
Signature of authorized official

Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form **8872** (7-2000)



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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization <b>Georgia Highway Contractors Assn. PAC</b>		Employer identification number <b>58 191 72 74</b>
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . ▶		\$ <b>0.00</b>

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization		Employer identification number
Georgia Highway Contractors Assn. PAC		58 1917274
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Barnes for Governor 1100 Spring St., Suite 360 Atlanta, GA 30309	Governor	\$ 1,000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Randy Sauder Election Campaign 1100 Spring St., Suite 360 Atlanta, GA 30309	Attorney	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Van Streat for Senate 1100 Spring St., Suite 360 Atlanta, GA 30309	Businessman	\$ 500.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Mark Taylor For Lt. Gov. P.O. Box 11534 Atlanta, GA 30355	Lt. Governor	\$ 1,000.00
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
	Recipient's occupation	\$

**Subtotal** of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.

\$ 3,000.00

